

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **08/945667** FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		0		1			55						
6		0		1			56						
7		0		0			57						
8		0		0			58						
9		0		1			59						
10		0		1			60						
11	1		1				61						
12	1		1				62						
13		0		1			63						
14		0		0			64						
15		0		1			65						
16		0		1			66						
17		0		1			67						
18	1		1				68						
19	1	1	1	1			69						
20	1	1	1	1			70						
21		3		3			71						
22		3		3			72						
23		3		3			73						
24		3		3			74						
25	1		1				75						
26		1		1			76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96	1					
47							97		1				
48							98		1				
49							99		1				
50							100		1				
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.			53				TOTAL DEP.	1					
TOTAL CLAIMS			58				TOTAL CLAIMS	4					